

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023794

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 173

Primary Registration District No. 5650

Registrar's No. 110

FILED JUL 13 1962

1. PLACE OF DEATH

a. COUNTY **Lawrence**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Spring River Township Transient**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Jct. City Rt. & Hwy 60**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Arkansas** b. COUNTY **Pike**

c. CITY OR TOWN **Glenwood** **Unk.** Limits Yes ☐ No ☐

d. STREET ADDRESS **UNK.** (If outside, give location) **Unk.** Residence on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First **John** Middle **Park** Last **Park**

4. DATE OF DEATH Month **July** Day **3** Year **1962**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH **8-23-1883**

9. AGE (last birthday) **78**

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Railway Employee

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
Wayne, Iowa

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Eliza Park

13b. MOTHER'S MAIDEN NAME

Amanda Adell

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary Laughlin Des Moines, Ia.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushed chest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car accident

20c. TIME OF INJURY Hour **1:09** Minute **00** p.m. Month, Day, Year **7-3-1962**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Junction City Rt. & Hwy #60 East Monett Lawrence Missouri

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at **1:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Edwin Wilks

Lawrence Co. Coroner Pierce City, Missouri

7-3-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

July 4, 1962 Des Moines, Ia.

Des Moines, Ia.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mercer Funeral Home, Monett, Mo.

7-4-62

George Langley
per P. Phillips

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6550

28030

3

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7 1

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11 055

12 91-3

13 1-0

AUG 8 1962

JUL 13 1962

Issued July 3, 1962.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.